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TITLE: Comparing Trends in the Numbers of AIDS Deaths and the Case Fatality Rate, Connecticut, January 1987 - June 1998

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BACKGROUND/OBJECTIVE: Advances in treatment of AIDS and associated opportunistic infections have resulted in a dramatic decline in AIDS deaths and an increase in the number of persons living with AIDS. After a prolonged period of decline, the number of AIDS deaths has stabilized and increased slightly in Connecticut. We compared the trends in numbers of AIDS-related deaths with changes in case fatality rate.

METHODS: Reports of AIDS-related deaths are provided by Department of Public Health Vital Records (>95%) or medical providers (<5% of cases). Persons living with AIDS is the number reported with AIDS who were not known to have died. The case-fatality rate (CFR) is the percentage of prevalent AIDS cases that died in a given quarter. Analysis was conducted for AIDS cases and deaths reported through June 1998.

RESULTS: The number of deaths peaked at 194 in the third quarter of 1995, after steadily rising through the course of the epidemic. After a low of 41 deaths in the third quarter of 1997, there was a slight increase for each the next three quarters (n = 44, 51, 57). The AIDS CFR has been decreasing steadily since the 1980's. It was 22% in the second quarter of 1987 and decreased to a low of 0.8% in the third quarter of 1997. The CFR also increased slightly during the next three quarters (0.9%, 1.0%, 1.1%). There were no significant differences in either trend by race, gender or infection risk group (p>0.05).

CONCLUSIONS: After dramatic declines, both the number and rate of AIDS-related deaths have recently increased slightly. The stabilization and subsequent increase in the number of deaths is an expected consequence of the dramatic increase in the prevalence of persons living with AIDS. However, an increase in the CFR would only be expected to occur if fewer people were getting treated or if there was an increase in the rate of treatment failure. It will be important to monitor the CFR in the future as a possible early indicator of the public health impact of treatment failure.

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